

www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 134800004		CITY OR TOWN WELLI	LEET
APPLICATION	FOR RENEWAL	: Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAM	ME: BOOKSTO	RE & REST. INC.		
DOING BUSINI	ESS A			
ADDRESS KEN	NDRICK AVE.			
CITY/TOWN:	WELLFLEET	STATE: MA	ZIP CODE: 02667	
MANAGER: F	PARLANTE, CAROLINE J.	TYPE OF LICENSE:	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	PREMISES:		
<b>DINING ROOM</b>	I, DECK. BASEM DECKS. ADDING	IENT: STORAGE, BAR/I	OM, DECK, OFFICE. SECOND LOUNGE, DINING ROOM AL PATIO AREA WITH THREE T	TERATION
I hereby certify a	and swear under po	enalties of perjury that:		
1. the re	enewed license wil	l be of the same type for the	he same premises now licensed;	
2. the lie	censee has compli	ed with all laws of the Cor	mmonwealth relating to taxes; a	nd
3. the pr	remises are now o	pen for business (If not ex	plain below)	
SIGNED BY:	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, si	gned by the build	ling inspector and the he	the certificate required by Ch ead of the fire department for e required by Chapter 116 of t	the above named
Please Check Below	<u>r:</u>		LOCAL LICENSING AU	THORITY
APPROVED: [	<u> </u>		By:	
DISAPPROVED				
(If disapproved e	explain)			
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134800007		CITY OR TOWN	N WELLFLE	ŒT
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WANDER INC.				
DOING BUSINESS A	A THE LIGHTHO	USE REST.			
ADDRESS 317 MAIN	N ST.				
CITY/TOWN: WEL	LFLEET	STATE: MA	ZIP CODE:	02667	
MANAGER: WAN	CO, JOSEPH TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	ISES:			
TWO FLOORS, FIRS	ST FLOOR, RESTA	AURANT. CELLAR	USED FOR STOR	RAGE	
I hereby certify and sv	vear under penaltie	s of perjury that:			
1. the renewe	d license will be of	f the same type for the	e same premises no	w licensed;	
2. the license	e has complied with	h all laws of the Com	monwealth relating	g to taxes; and	
3. the premise	es are now open for	r business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	12221101	,21,01,1221	(Note: NOT ]	Individual Social S	Security Number)
					204 8.7
We the undersigned Acts of 2004, signed					
license and (2) the co	•	_	_		
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
D			-		
DATE:					



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800016		CITY OR TOWN	WELLFLEI	ET
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: BLACK FISH	CREEK, INC			
DOING BUSINESS A SEASIDE LI	QUORS			
ADDRESS 1426 ROUTE 6				
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE:	02667	
MANAGER: KOGOS, ALAN C.	TYPE OF LICENSE: Pac	ckage Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF LICENSED PRE	MISES:			
ONE STORY BLDG, THREE ENTR STORAGE SPACES IN REAR	ANCES. TWO IN FROM	NT OF STORE,ONE	IN REAR, 7	TOILET,
I hereby certify and swear under pena	lties of perjury that:			
1. the renewed license will be	e of the same type for the	same premises now	licensed;	
2. the licensee has complied	with all laws of the Comr	nonwealth relating to	taxes; and	
3. the premises are now open	for business (If not expl	ain below)		
SIGNED BY:				
	tner or Authorized Corpo	orate Officer		
DATE: TELEPH	IONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Indi	vidual Social Se	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				<del></del>
DATE:				



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	134800017		CITYO	RIOWN	WELLFLE	CEI
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	A	ARKETPLACE, I	NC			
ADDRESS 295 MAII						
CITY/TOWN: WEL	LFLEET	STATE: N	MA ZIP	CODE:	02667	
MANAGER: SOUS	A, PAUL J. TY	PE OF LICENSE	E:Package Sto	re C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	OUR EMAIL ADDRE	ess		
DESCRIPTION OF L	ICENSED PREM	ISES:				
SOUTHERLY SIDE FOR STORAGE	OF MAIN ST, WE	LLFLEET, ONE	FLOOR,TW0	O ROOMS	S AND BASE	EMENT
2. the license 3. the premise	d license will be of e has complied wit es are now open fo	h all laws of the C	Commonwealt	h relating		
SIGNED BY:	Individual, Partne	er or Authorized C	Corporate Office	cer		
DATE:	TELEPHOI	NE NUMBER:	(No			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCA By:	L LICEN	SING AUTH	ORITY
DATE:						



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 134800018		CITY OR TOWN	WELLFLE	ET
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: WELLFLEET S	PIRITS SHOPPE,IN	C.		
DOING BUSINESS	S A WELLFLEET	SPIRITS SHOPPE			
ADDRESS 309 MA	AIN STREET				
CITY/TOWN: WI	ELLFLEET	STATE: MA	ZIP CODE:	02667	
MANAGER: SCA	ALLEY, KEVIN T	YPE OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	MISES:			
FLOOR CONSIST	ING OF ENTIRE F	LOOR WITH INTER	VO AND A HALF STO R-CONNECTING ROO E, CELLAR USED FO	OMS, USED	FOR
I hereby certify and			e, celernic obled i c	AC DI ORIGI	BONET.
•	•		he same premises now	licensed:	
			mmonwealth relating to		
	=	for business (If not ex	=	o	
	-		,		
SIGNED BY:					
	Individual, Partr	ner or Authorized Con	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Diagon Charle Dalassa					
Please Check Below: APPROVED:	]		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			Ву:		
(If disapproved exp	lain)				
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800021		CITY OR TOWN WELL	FLEEI
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: FINELY J.P.'S, I DOING BUSINESS A FINELY J.P.'S	NC		
ADDRESS 554 RTE.6			
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE: 02667	
MANAGER: PONTIUS, JOHN W.T.	YPE OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
RTE.6. S.WELLFLEET, BUILDING A FRONT OF BUILDING, TWO IN REA BUILDING USED FOR STORAGE, A BUILDING 2400 S/F WITH 2 DINING COURTYARD, BAR/LOUNGE AREA EXITS - 2 IN REAR 1 IN FRONT.	AR ( ONE IN KITCHEN TTIC IN KITCHEN US G ROOMS, LOWER DI	N, ONE IN DINING ROOM SED FOR STORAGE. NING RM. HAS 132 S/F &	I). 16' X18'
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	of the same type for the	same premises now licensed	;
2. the licensee has complied wi	th all laws of the Comm	onwealth relating to taxes; a	and
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY: Individual, Partn	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
TELEFHO	THE NUMBER.	(Note: NOT Individual So	
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	nspector and the head	of the fire department for	the above named
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 134800032		CITY OR TOW	N WELLFLE	Æ I
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A	LAGE CENTER, IN	IC .		
ADDRESS 2683 RO	UTE 6				
CITY/TOWN: WEI	LLFLEET	STATE: MA	ZIP CODE:	02667	
	SETTE, TYI OLPHE G. JR	PE OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
ONE ROOM 36X28	, ONE EXIT NORTI	H SIDE, EXISTING	REAR STORAG	E AREA.	
SIGNED BY:		business (If not expl			
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	iin)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 134800040		CITY OR TOWN WELLFL	EET
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: TEK RESTA	AURANT GROUP, INC.		
DOING BUSINESS A THE WICE	KED OYSTER		
ADDRESS 50 MAIN ST			
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE: 02667	
MANAGER: KOZAK, KENNETH W.	TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED P			
TWO FUNCTION ROOMS, REST AND REAR. TWO OTHER EXIT			FRONT -
3. the premises are now op			
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of l	ing inspector and the hea	d of the fire department for th	ne above named
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134800046		CITY OR TOWN	WELLFLE	ET
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Wellfleet Harbor A	ctor's Theater-Ro	oute 6		
DOING BUSINESS	A				
ADDRESS 2357 Ro	oute 6				
CITY/TOWN: WE	LLFLEET	STATE: M	ZIP CODE:	02667	
MANAGER: Zinn	, Jeff TYP	PE OF LICENSE:	General on premise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOU	UR EMAIL ADDRESS		
	LICENSED PREMIS				
	e theater with entrance				
	swear under penalties		a .	1' 1	
		• 1	the same premises no		
	ises are now open for		ommonwealth relating	to taxes; and	
3. the premi	ses are now open for	business (II not e	xpiain below)		
GIGNED DV					
SIGNED BY:	Individual, Partner	or Authorized Co	orporate Officer		
	,		•		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	TELETHON	L NOMBER.		ndividual Social S	
			) the certificate requine nead of the fire depar		
			ce required by Chap		
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			Ву:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					
D.111.					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 134800051		CITY OR TOWN	WELLFLEI	ET
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
DOING BUSINESS	WELLFLEET TOWN A WELLFLEET TOWN IMERCIAL STREET				
CITY/TOWN: WE	LLFLEET	STATE: MA	ZIP CODE:	02667	
MANAGER: LUH BRIT	IMANN, TYPE ΓΟΝ C.	OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
APPROXIMATELY	LICENSED PREMISE 710 SQUARE FEET V OOUTDOOR PATIO A	WITH ONE FRON			ENCY
2. the licens	yed license will be of the ee has complied with al ses are now open for bu	l laws of the Comr	nonwealth relating to		
	Individual, Partner or	· Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building inspo certificate of liquor lia	ector and the head	l of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	34800053		CITY OR TOV	WN WELLFLE	E I
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	AVEUR de PAIN,	INC.			
DOING BUSINESS A	PB BOULANGER	RIE BISTRO			
ADDRESS 15 LECOUR	NT HOLLOW RO	AD			
CITY/TOWN: WELLI	FLEET	STATE: MA	ZIP CODE	E: 02667	
MANAGER: KORNE KENNE	· · <b>/</b>	E OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMIS	ES:			
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of t	he same type for the	same premises	now licensed;	
2. the licensee l	nas complied with	all laws of the Comm	nonwealth relati	ng to taxes; and	
3. the premises	are now open for l	business (If not expla	in below)		
SIGNED BY:	ndividual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by license and (2) the cer	y the building ins	pector and the head	of the fire dep	oartment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disappioved explain)					
DATE:			-		
APPLICATION FOR RENEWAL	MUST BE FILED BY LIG	CENSEES DURING THE MO	ONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 134800056		CITY	OK TOWN	N WELLFLE	E I
APPLICATION FOR	R RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	WELLFLEET	PRESERVATION	HALL INC.			
DOING BUSINESS	A					
ADDRESS 335 MAI	IN STREET					
CITY/TOWN: WE	LLFLEET	STATE:	MA ZII	P CODE:	02667	
MANAGER: RICE	E, MARLA	ΓΥΡΕ OF LICENS	E:General on premise	. (	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	OUR EMAIL ADDE	RESS		_
DESCRIPTION OF	LICENSED PRE	MISES:				
COMMUNITY/CUL LOBBIES, OFFICE, GARDENTWO E	KITCHEN, BOX	X OFFICE AND 6	BATHROOM	ISLARC	SE OUTDOOF	₹
I hereby certify and s	wear under penal	lties of perjury that:	:			
1. the renew	ed license will be	of the same type for	or the same pr	remises no	w licensed;	
2. the license	ee has complied v	with all laws of the	Commonweal	lth relating	to taxes; and	
3. the premi	ses are now open	for business (If not	explain belo	w)		
SIGNED BY:	Individual, Par	tner or Authorized	Corporate Of	ficer		
DATE:	TELEPH	ONE NUMBER:		EMPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(1)	Note: NOT I	ndividual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the building	g inspector and the	head of the	fire depar	tment for the	above named
Please Check Below:			LOC	AL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	oin)					
(If disapproved expla	1111)					<del></del>
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1348000	157	CITY OR TOWN WELLFLEET				
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR	2013			
	CLASS		YEAR			
LICENSEE NAME: LAUGH	ING LOBSTAH LLC					
DOING BUSINESS A LAUG	HING LOBSTAH					
ADDRESS 955 ROUTE 6						
CITY/TOWN: WELLFLEET	STATE: MA	ZIP CODE: 02667				
MANAGER: RIDDLE, ELV	IRA TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol			
EMAIL ADDRESS:						
PLEASE ALSO	) VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS				
DESCRIPTION OF LICENSE	D PREMISES:					
RESTAURANT AND BAR A	PPROX. 360 SQ FT WITH OU	UTDOOR PATIO				
I hereby certify and swear under	er penalties of perjury that:					
1. the renewed license	will be of the same type for the	e same premises now licensed;				
2. the licensee has con	nplied with all laws of the Com	monwealth relating to taxes; and	i			
3. the premises are no	w open for business (If not exp	lain below)				
SIGNED BY:						
	al, Partner or Authorized Corp	orate Officer				
	,					
DATE.						
DATE:	ELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
		(Note: NOI Individual Socia	Security Number)			
We the undersigned, attest the	hat we are in possession (1) tl	ne certificate required by Chap	oter 304 of the			
		nd of the fire department for th				
license and (2) the certificate	of liquor liability insurance	required by Chapter 116 of th	e Acts of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY			
APPROVED:		Ву:				
DISAPPROVED:						
(If disapproved explain)						
		-				
D. 1885						
DATE:						



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	134800058		CITY OR TOWN WELLFLEET			
APPLICATION FOR 1	RENEWAL:	Annual	I	LICENSE	ED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	MJT ENTERPRISES	INC.				
DOING BUSINESS A	BLACKFISH VAR	IETY				
ADDRESS 1600 STA	ΓΕ HIGHWAY					
CITY/TOWN: WELI	FLEET	STATE: MA	ZIP CO	DE:	02667	
MANAGER: PEREZ PEDRO		OF LICENSE:Pa	ckage Store	САТ	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS			_
DESCRIPTION OF LI	CENSED PREMISE	S:				
44430 SQ FT LOT WI 2226 SQ FT BUILDIN FLOORSOUTHWES NORTHEASTERLY F	IG CONSISTING OF T ENTRANCE/EXI	A VARIETY/CO	ONVENIENCI	E STORE	ON THE	
2. the licensee	l license will be of the has complied with al s are now open for bu	l laws of the Com	monwealth rel			
SIGNED BY:	Individual, Partner or	· Authorized Corp	orate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL L	ICENSIN	NG AUTHO	DRITY
DATE:						